

Health Care Reform Update

April 24, 2013

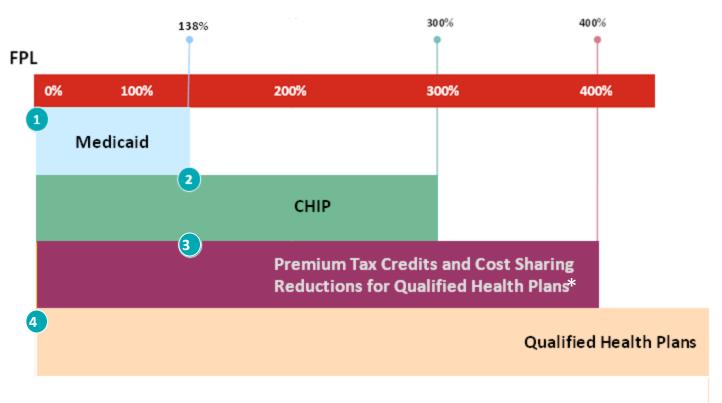
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Topics for Today

- Health Care Reform Overview
- Health Benefit Exchange Web Portal
- Consumer Assistance
- Post-Eligibility Case Reviews
- Health Care Reform Resources

Health Care Reform Overview

2014 ACA Continuum of "Insurance Affordability Programs"



^{*} Federal Basic Health Plan Option for individuals with incomes between 138% and 200% of the FPL will not be available in 2014.

Health Care Reform Goals

- Create opportunities to streamline administrative processes
- Leverage new federal financing opportunities to ensure the Medicaid expansion is sustainable
- Maximize use of technology to create consumer-friendly application/enrollment/renewal experience
- Maintain continuity of coverage & care as individuals move between subsidized coverage options
- Reform the Washington Way --- comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

2014 Medicaid Coverage

- Option to expand Medicaid to 138% of the FPL for adults under age 65 not receiving Medicare* - based on Modified Adjusted Gross Income (MAGI)
 - MAGI methodology defines how income is counted, and how household composition and family size are determined
 - MAGI will determine eligibility for children, pregnant women, parents and all adults in the new adult category
 - Non-MAGI (classic) Medicaid eligibility standards will still apply to aged, blind, disabled,
 SSI, & foster children ACA doesn't impact these groups
- Washington's new adult group will include:
 - Childless adults with incomes below 138% of the FPL
 - Parents with incomes between ~40% and 138% of the FPL

^{*} The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

Federal Poverty Levels and Annual Income (2013)

Federal Poverty Level	Annual Income: Individual	Annual Income Level: Family of 3		
100%	\$11,496	\$19,536		
133%	\$15,288	\$25,980		
138%	\$15,864	\$26,952		
200%	\$22,980	\$39,060		
300%	\$34,476	\$58,596		
400%	\$45,960	\$78,120		

Source: http://aspe.hhs.gov/poverty/13poverty.cfm

Per HHS directive, after inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes.



Enhanced Federal Funding for New Adult Group

- Newly eligible parents and childless adults are:
 - under 65 years old
 - not pregnant
 - not entitled to Medicare
 - not in an existing Medicaid category (e.g. children, pregnant women, aged, blind and disabled)
- Enhanced federal funding for costs of newly eligible adults:

	2014	2015	2016	2017	2018	2019	2020 +
State Share	0%	0%	0%	5%	6%	7%	10%
Federal Share	100%	100%	100%	95%	94%	93%	90%

Timeline: Much Work to be Done!

Jun-Nov 2012: System Detail Design for MAGI Medicaid eligibility/enrollment

May 2012 – Apr 2013:

- → Benchmark Benefit Design
- → Optional Programs Transition

Sep 2013: CMS Systems Certification

Oct 1 2013: Go Live

Open enrollment begins. Medicaid applications & renewals accepted

Jan 1 2014: Coverage Begins

Medicaid coverage for newly eligible adults begins

2012 2013

2014

Aug-Dec 2012:

Medicaid operational stakeholdering

- → Application Forms
- → Renewals Process
- → Quality Assurance
- → Client Letters

Nov-Dec 2012:

- → Fiscal modeling
- → Official Caseload Forecast Council maintenance projections
- → Governor's 2013-15 budget

Jan-May 2013:

- → Legislative Session
- → WAC revisions
- → Ongoing operational stakeholdering
- → Initiate marketing & outreach campaign for Medicaid.
- → Complete System Development and Unit Testing by Feb 2013.
- → Primary care provider rate increases (Jan 2013-Dec 2014).

Aug 2013: Complete System Performance and Operational Readiness Testing

Dec 31, 2014:

Conversion to MAGI Medicaid complete for all eligible enrollees

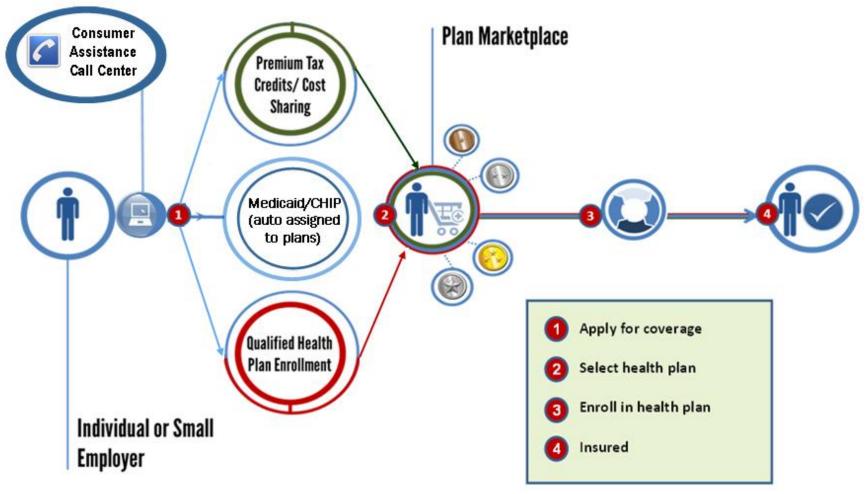
Jan-Dec 2014: Phased implementation of further systems features (tbd)



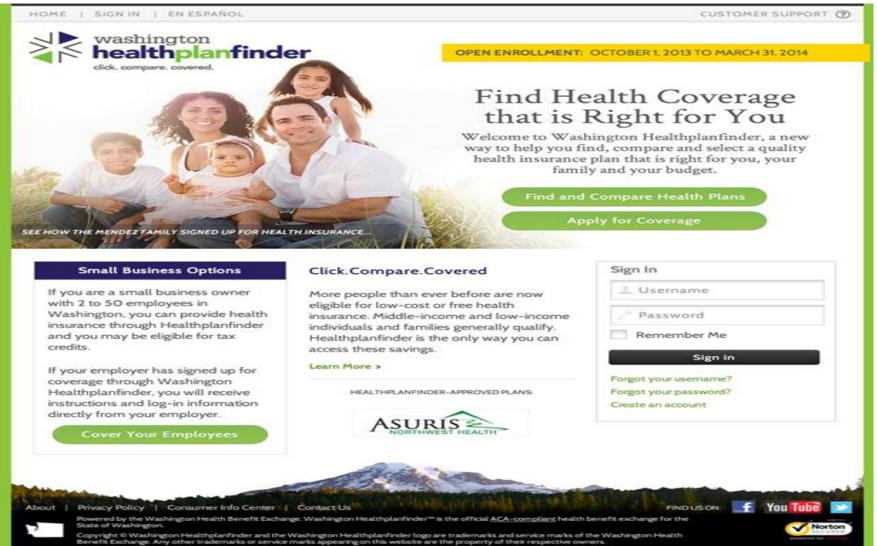
Health Benefit Exchange Web Portal

The Exchange: One-Stop Shopping for Coverage

Think: Amazon.com or Expedia... a simple way to shop for health insurance



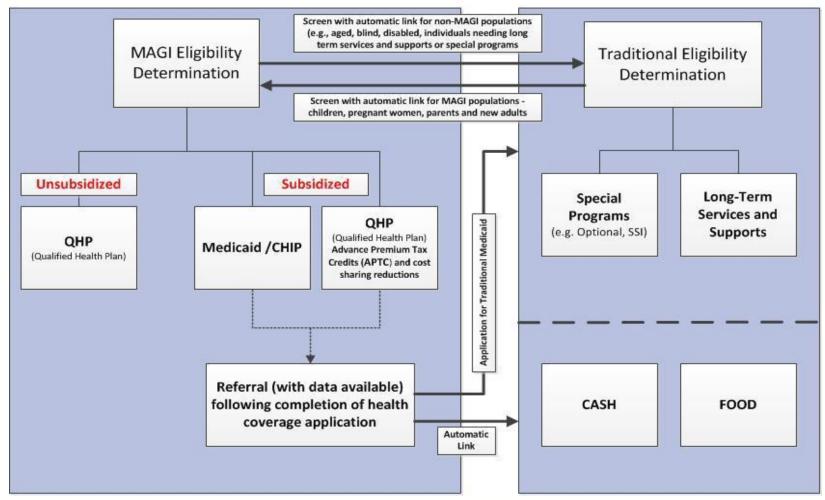
Washington Healthplanfinder



Coordinated Entry Systems

NEW Exchange Web Portal





Consumer Assistance

Consumer Assistance

To reach uninsured Washington residents, the state will rely on:



<u>In-person Assisters (Navigators), Agents and Brokers:</u> will provide help to consumers and small businesses with enrolling into coverage on the Exchange; provide advice to consumers about their enrollment options and premium tax credits; and make referrals of complex cases to Consumer Assistance Programs



<u>Community-Based Organizations</u>: Continued partnership with existing community-based network



<u>Call Center</u>: Toll-Free Hotline operated by the Exchange to provide insurance application assistance



Community-Based Organizations

CBOs can assist with outreach to Washington State residents such as:

New applications:

 Assist individuals in applying for health care coverage through the new health benefit exchange web portal. Target Newly Eligible Adults age 19-64 with income up to 138% FPL.

Transitions from other coverage:

- Support current Basic Health members as they use the new
 Washingtonhealthplanfinder portal (Oct-Dec 2013) to transition to coverage for January 2014
- Follow up with Medical Care Services and ADATSA clients regarding their automatic conversion to coverage beginning January 2014

Renewals of Medicaid coverage:

 Encourage/assist current Medicaid recipients (children, parents, pregnant women) who must renew coverage using the Washingtonhealthplanfinder portal during 2014 (and beyond)

Post-Eligibility Case Reviews

Post-Eligibility Case Reviews

- Post reviews will target cases where:
 - Self-attested income cannot be electronically verified
 - Electronic data matches not reasonably compatible

Post-Eligibility Activities

When eligibility cannot be electronically affirmed – HCA eligibility staff will take the follow steps to resolve the inconsistencies:

- Review additional electronic interfaces (e.g. TALX, ESD)
- Contact client or employer to obtain additional information
- If necessary send a request for information letter

Client remains eligible during post-eligibility review



Post-Eligibility Activities

Once the post-eligibility review is completed staff will take the following action:

- Eligibility confirmed no change
- Eligibility not confirmed client is:
 - Moved to appropriate MAGI program; or
 - Redetermined for Classic Medicaid; or
 - Referred to Exchange web portal for APTC determination

Health Care Reform Resources

More Information

- Web-sites: http://www.hca.wa.gov/
 - For information about the Medicaid expansion:
 http://www.hca.wa.gov/hcr/me
 - For information about the Health Benefit Exchange: http://wahbexchange.org/
 - To contact the HCA concerning the Medicaid expansion: <u>medicaidexpansion2014@hca.wa.gov</u>
- Webinars and presentations around the state
 - See upcoming schedule and past events at:
 http://www.hca.wa.gov/hcr/me/stakeholdering.html
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 - Subscribe at:
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Questions?